

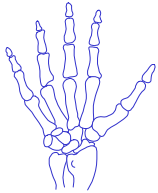
UTAH BRFSS BRIEF

Behavioral Risk Factor Surveillance System

Utah Department of Health

July 2001

ARTHRITIS IN UTAH



Arthritis comprises a variety of diseases and conditions that primarily affect the joints, surrounding tissues and other connective tissues of the body.

Some of these conditions are osteoarthritis, rheumatoid arthritis, lupus, juvenile rheumatoid arthritis, gout, fibromyalgia and bursitis. The most common forms of arthritis are osteoarthritis, rheumatoid arthritis and fibromyalgia.

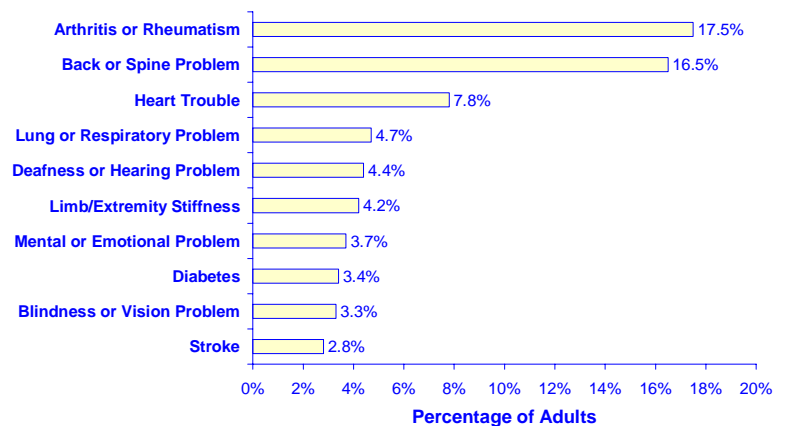
Arthritis and other related conditions affect almost 43 million people in the U.S, or nearly one of every six Americans, making it one of the most common diseases in the United States. By the year 2020, it is expected to affect at least 60 million Americans. Arthritis and other rheumatic conditions are the leading cause of disability in the United States (Figure 1).

The 2000 Utah BRFSS asked questions about arthritis, chronic joint symptoms and quality of life at the request of the Utah Arthritis Program. This report is a summary of findings from those questions. Persons with arthritis were defined as those having either chronic joint symptoms (CJS) or doctor-diagnosed arthritis. Persons were considered to have CJS if they responded "yes" to the questions: "During the past 12 months, have you had pain, aching, stiffness, or swelling in or around a joint?" and "Were these symptoms present on most days for at least 1 month?" Persons who responded "yes" to the question, "Have you ever been told by a doctor that you have arthritis?" were defined as having doctor-diagnosed arthritis. All other respondents were defined as persons without arthritis.

According to the 2000 BRFSS data, 31% (or 447,000) of Utah adults have arthritis. An estimated 9% of Utah adults age 18 or older

reported chronic joint symptoms alone, another 9% reported doctor-diagnosed arthritis alone and 13% reported both doctor-diagnosed arthritis and chronic joint symptoms. Therefore, a total of 22% of adults in Utah had doctor-diagnosed arthritis. Of those adults with doctor-diagnosed arthritis, roughly 40% did not report chronic joint symptoms at the time of the survey.

Figure 1. Leading Causes of Disability Among Persons 18 and Older, United States, 1999



Source: Bureau of the Census and CDC, Survey of Income and Program Participation, 1999

The Utah Department of Health Arthritis Program was established in December 1999, with funding from the Centers for Disease Control and Prevention (CDC). The mission of the Utah Arthritis Program is *to increase the quality of life among persons in Utah affected by arthritis.*

The Arthritis Program vision is that all Utahns will:

- Be aware of the impact, seriousness, and ability to treat arthritis;
- Recognize chronic joint symptoms as a concern;
- Be proactive in seeking care for their arthritis;
- Be aware of, and be able to access, effective self-management programs; and
- Have less disability and pain from arthritis.

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Although everyone is at risk for arthritis, certain factors are known to increase the risk. These factors include female gender, older age, and being overweight or obese.

Other risk factors also include genetic predisposition, joint injuries, certain infections and some occupations.

- The prevalence of arthritis doubled with each successive age group up through 64 years of age. Persons who were 65 or older were more than 4 times as likely to report arthritis as opposed to persons 18-34 years old. For each of the age groups, Utah women were more likely to report arthritis than were men. (Figure 2)

- A total of 13% of Utah adults reported that they were limited in any way in any activities due to chronic joint symptoms. This percentage increased with age also. Women were more likely to report these activity limitations than men for all but the youngest age group. (Figure 3)

- Maintaining an appropriate weight lowers a person's risk for arthritis. People who are overweight or obese are more likely to report doctor-diagnosed arthritis and/or chronic joint symptoms than those people in a healthy weight range. (Figure 4)

Figure 2. Percentage of Utah Adults Who Reported Doctor-Diagnosed Arthritis and/or Chronic Joint Symptoms by Sex and Age, Utah BRFSS, 2000

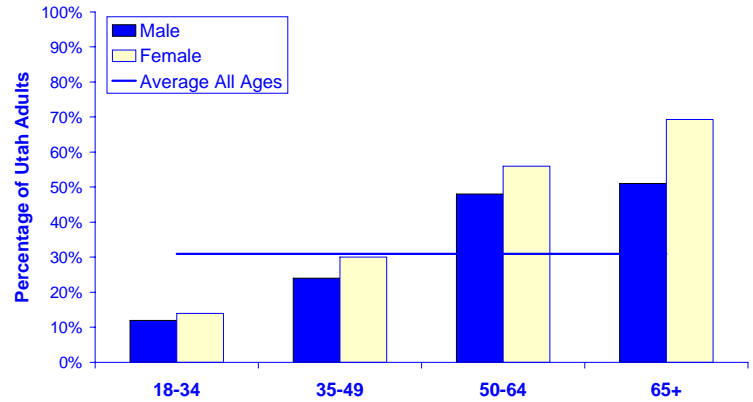


Figure 3. Percentage of Utah Adults Who Reported Activity Limitation Due to Chronic Joint Symptoms by Sex and Age, Utah BRFSS, 2000

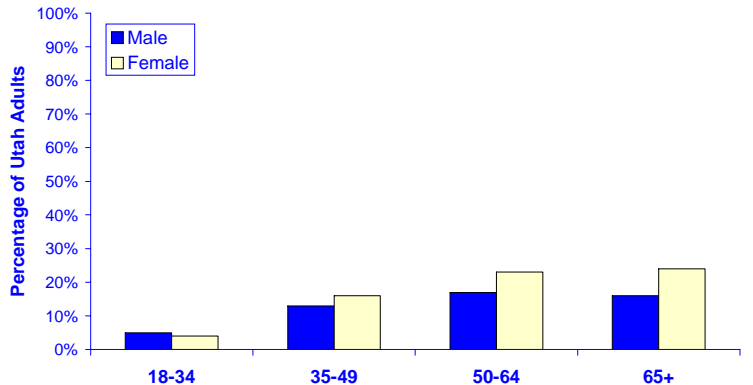
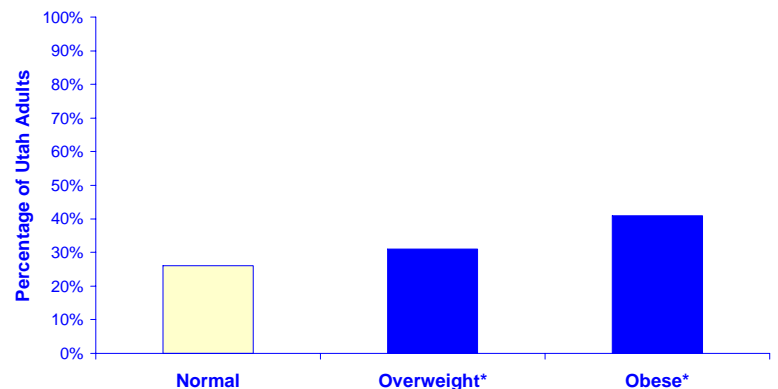


Figure 4. Percentage of Utah Adults Who Reported Doctor-Diagnosed Arthritis and/or Chronic Joint Symptoms by Weight Category, Utah BRFSS, 2000



* Overweight is defined as BMI of 25-29. Obese is defined as a BMI of 30 or more.

- For persons with arthritis, regular physical activity can be helpful in keeping arthritis discomfort at a minimum. Unfortunately, these data indicate that people with arthritis are more likely to report being inactive than people without arthritis, at all educational levels (Figure 5).
- In general, people with arthritis are more likely to report fair or poor health status than those without arthritis, at all educational levels. (Figure 6)



The Utah Arthritis Program, in collaboration with the Utah BRFSS, is currently conducting a follow up telephone survey of BRFSS respondents who reported doctor-diagnosed arthritis and/or chronic joint symptoms on the 2001 BRFSS. This survey asks about treatment, access to care, knowledge, sources of information, severity of symptoms and level of disability. It should provide a more complete picture of the burden of arthritis in Utah.

Figure 5. Percentage of Utah Adults Who Reported No Leisure Time Physical Activity For Those With and Without Arthritis by Education Level, Utah BRFSS, 2000

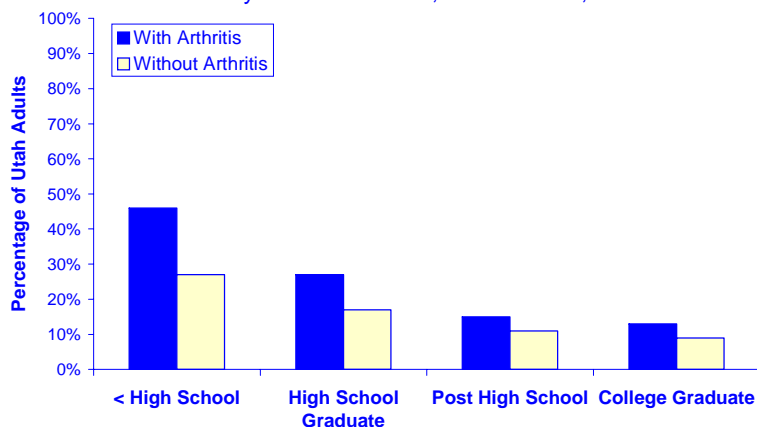
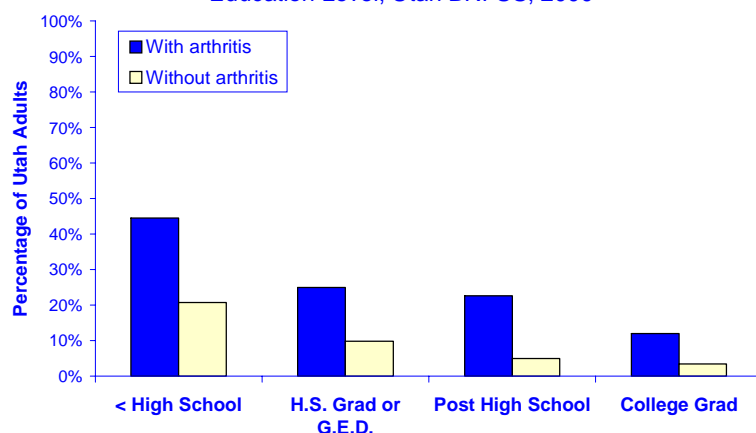


Figure 6. Percentage of Utah Adults Who Reported Fair or Poor Health Status for Those With and Without Arthritis by Education Level, Utah BRFSS, 2000



THE ARTHRITIS FOUNDATION

The mission of the Arthritis Foundation is to improve lives through leadership in the prevention, control, and cure of arthritis and related diseases. It was established in 1948, and has supported research that has resulted in major treatment advances for most arthritis diseases.

The Arthritis Foundation offers a variety of community-based services. It also provides opportunities for people to support arthritis research and services by sponsoring several fund-raising events throughout the year.

The Foundation's *Arthritis Self-Help Course* is designed for women and men of all ages with any type of arthritis.

Family members are encouraged to attend. Topics for the course include: reducing pain, protecting joints, increasing energy, dealing with depression, non-traditional treatments, importance of stretching, managing stress, relaxation, eating in the most helpful ways, and new information on medications.

For basic information about arthritis and local programs and services, or to enroll in the *Arthritis Self-Help Course*, call the Arthritis Foundation Utah/Idaho Chapter at 801-536-0990 toll-free at 1-800-444-4993 or visit its Web site at www.arthritis.org.



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The Utah Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing effort by the Utah Department of Health in conjunction with the U.S. Centers for Disease Control and Prevention (CDC) to assess the prevalence of and trends in health-related behaviors in the non-institutionalized Utah adult population aged 18 years and older. The survey is supported in part by funds from Cooperative Agreement No. U58/CCU800572 from the CDC. Data are collected monthly from a random telephone sample of adults living in households with telephones. Utah has participated in the BRFSS continuously since 1984.

The BRFSS questionnaire is modified each year by the CDC in collaboration with participating state agencies. The questionnaire has three parts. The first part is a core set of questions that is asked by all states. The second part consists of a series of topical modules developed by the CDC. States have the option of adding modules as they wish. Utah has used several of the CDC modules. The final part of the questionnaire consists of questions designed and administered by individual states to address issues of local concern. These have been revised annually in Utah to maximize the survey's ability to address the needs of Utah's health programs.

Participants in the Utah BRFSS are asked about a wide variety of behaviors such as seat belt use, exercise, tobacco and alcohol consumption, health services utilization and basic demographic information. Participation in the BRFSS is completely anonymous and voluntary. Prior to analysis, BRFSS data are weighted so that the findings can be generalized to the Utah adult population. The Utah Department of Health would like to thank the citizens of Utah who have participated in this survey.

For more information about the Utah BRFSS, contact the Utah BRFSS Coordinator at the Utah Department of Health at (801) 538-6434.
